

CLAIMS ONLY						Application Number <b>09/508,670</b>		Filing Date			
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	<del>AS FILED</del> <b>10-29-04</b>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		<b>10-29-04</b>				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				